

## **MILITARY LEAVE OPTION FORM**

- This is to confirm that I will be on Military **leave without pay** after the 15 calendar days of paid military leave. I understand that I may submit a Leave and Earnings Statement (LES), when applicable, to my supporting HR Analyst to notify the HQ Payroll Office of the differential pay.  
☐ **LES applicable and will be provided**   ☐ **LES not applicable**
- I understand that I may elect to continue or discontinue my retirement contributions to Louisiana State Employee's Retirement System (LASERS). If I continue, I may submit payment by check through HR, payable to LADOTD (by the first of each month) based on my earnings. Payment should be mailed to: DOTD – HR, P.O. Box 94245 - Capitol Station, Baton Rouge, LA 70804-9245. If I discontinue, upon my return I will request retirement eligibility credit for the period of military time absent from employer. I may purchase computed LASERS retirement credit within four years of re-employment.  
☐ **Continue Contributions**   ☐ **Discontinue Contributions**
- I have Health coverage with my employer and choose to continue coverage during my leave for active military service. If I elect to continue coverage, my employer and employee share of **health insurance premiums** are paid by my employer as long as I am activated on military leave for war purposes. My life insurance will not be covered by my employer; if I want to continue this coverage, I must continue payment of Life Insurance premiums, by check (to appropriate insurance company), through HR by the first of each month.  
☐ **Continue Health coverage**   ☐ **Discontinue Health coverage**
- I am/am not a contributing member of the Deferred Compensation Plan and may elect to cease or refund contributions while activated on military leave.  
☐ **Cease Contributions**   ☐ **Request a refund**
- I confirm that I am a ☐ Probational/ ☐ Permanent classified DOTD employee. If probational, I understand upon my return from military leave, I will return at the same point in my probationary period.

\_\_\_\_\_  
**Employee's Name                      (Print)**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

Contact Person's Name \_\_\_\_\_

Contact's Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

\_\_\_\_\_  
District/Section Human Resources Contact

\_\_\_\_\_  
Date

Distribution:

Activated employee

HQ, Human Resources, ATTN: Military Leave

District/Section File

Rev: 08/06